BILL GARRETT, Davidson County
Trans:T20100027500 AFFIDAVIT
Recvd: 05/07/10 11:59 4 pgs
Fees:22.00 Taxes:0.00
20100507-0035016

This Instrument prepared by (without an examination of title): Rick Himes, 5100 Poplar Avenue, Suite 2753, Memphis, TN 38137 & Patrick W. Walsh, P.C., 625 Plainfield Road, #330, Willowbrook, IL 60527, incident to the provision of title insurance.

NTN-1106165

AFFIDAVIT AS TO TENANTS BY THE ENTIRETIES

State of Tennessee)
) ss.
County of Davidson)

On this 21 day of April, 2010, before me personally appeared WILLIAM C. MEADOWS, to me personally known, who being duly sworn on oath did say:

Affiant is the owner of the following property:

LEGAL DESCRIPTION

LAND IN DAVIDSON COUNTY, TENNESSEE, BEING LOT NO. 59 ON THE MAP OF LOCUST GROVE ESTATES, OF RECORD IN BOOK 1424, PAGE 11, SAID REGISTER'S OFFICE, TO WHICH REFERENCE IS HEREBY MADE FOR A MORE COMPLETE DESCRIPTION.

BEING THE SAME PROPERTY OR A PORTION OF THE SAME PROPERTY CONVEYED TO WILLIAM C. MEADOWS AND BARBARA S. MEADOWS, HUSBAND AND WIFE BY INSTRUMENT DATED NOVEMBER 15, 1996 FROM HENRY G. EZELL AND MARY S. EZELL, HUSBAND AND WIFE FILED ON NOVEMBER 19, 1996 AS DOCUMENT NUMBER 0247923 AND IN BOOK 10263 AT PAGE 475 IN THE DAVIDSON COUNTY RECORDS.

Commonly known as: 1003 Horseshoe Drive, Nashville, Tennessee 37216

Property Tax ID: 061 15 0 002.00

And that said property was formerly owned as tenants by the entireties and not as joint tenants or as tenants in common, by WILLIAM C. MEADOWS & BARBARA S. MEADOWS and that said: BARBARA S. MEADOWS, died on October 26, 2009. A copy of the death certificate is attached.

That the value of the estate of the deceased was less than $600,000.00 including tenancies by the entireties, joint tenancies, individual ownerships and insurance, and that the tenancies by the entireties had not been severed prior to the death of said deceased.

IN WITNESS WHEREOF, WILLIAM C. MEADOWS executed and caused these presents to be signed as of the day and year first above written.

William C Meadows
WILLIAM C. MEADOWS

ACKNOWLEDGMENT

STATE OF TENNESSEE)
) ss
COUNTY OF DAVIDSON)

Before me, the undersigned Notary Public in and for the County and State aforesaid, personally appeared WILLIAM C. MEADOWS, of 1003 Horseshoe Drive, Nashville, Tennessee 37216, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged to be person(s) within named and that executed the foregoing instrument for the purpose therein contained.

Witness my hand and seal this 21st day of April, 2010.

Joseph Karovics
Notary Public Joseph Karovics

My commission expires: 4th November 2013

JOSEPH KAROVICS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

ACKNOWLEDGMENT

STATE OF TENNESEE)
) ss
COUNTY OF DAVIDSON)

Before me, the undersigned Notary Public in and for the County and State aforesaid, personally appeared WILLIAM C. MEADOWS, of 1003 Horseshoe Drive, Nashville, Tennessee 37216, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged to be person(s) within named and that executed the foregoing instrument for the purpose therein contained.

Witness my hand and seal this 21st day of April, 2010.

Notary Public Joseph Karovics

JOSEPH KAROVICS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

My commission expires: 4th November 2013

Return To:
NETCO TITLE
RECORDING DEPT
401 FOUNTAIN LAKES BLVD
SAINT CHARLES, MO 63301

STATE OF TENNESSEE
Office of Vital Records

0906171

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last)		2. SEX	3. DATE OF DEATH (Month, Day, Year)
Barbara Sue Meadows		Female	October 26, 2009
4. SOCIAL SECURITY NUMBER	5a. AGE-LAST BIRTHDAY (Years)	5b. UNDER 1 YEAR (Months)	5c. UNDER 24 HOURS (Days)
[redacted]-3943	64		
6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (State or Foreign Country)		
Oct. 13, 1945	Nashville, Tennessee		

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No

9. MARITAL STATUS AT TIME OF DEATH (Never Married, Widowed, Divorced, Currently Married): Married

10. SURVIVING SPOUSE (If wife, give maiden name): William Meadows

11. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Receptionist

12. KIND OF BUSINESS/INDUSTRY: Rochford Construction

13. RESIDENCE-STATE: Tennessee

14. COUNTY: Davidson

15. CITY, TOWN, OR LOCATION: Nashville

16. STREET AND NUMBER OF RESIDENCE (Location): 1003 Horseshoe Drive

17. INSIDE CITY LIMITS? [X] Yes

18. ZIP CODE: 37216

19. WAS DECEDENT OF SPANISH/HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) [X] No

20. RACE (American Indian, Asian, Black, White, etc.): White

21. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 11; College (1-4 or 5+)

PARENTS

22. FATHER'S NAME (First, Middle, Last): William Graves

23. MOTHER'S NAME (Maiden, First, Middle): Reba Manlove

INFORMANT

24. INFORMANT'S NAME (Type/Print): William Meadows

25. RELATIONSHIP TO DECEDENT: Husband

26. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1003 Horseshoe Drive Nashville, Tennessee 37216

DISPOSITION

27. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify)

28. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or Other Place): Spring Hill Cemetery

29. LOCATION (City or Town, State): Nashville, Tennessee

30. SIGNATURE OF FUNERAL DIRECTOR: Donald L. Garrigon

31. LICENSE NUMBER (Funeral Director): 3171

32. SIGNATURE OF EMBALMER: Donald L. Garrigon

33. LICENSE NUMBER (Embalmer): 4287

34. NAME AND ADDRESS OF FUNERAL HOME: Spring Hill Funeral Home & Cemetery, 5110 Gallatin Road Nashville, Tennessee 37216

35. LICENSE NUMBER OF FUNERAL HOME: 1046

REGISTRAR

36. SIGNATURE OF LOCAL REGISTRAR: Tonya Y. Boardman/DR

37. DATE FILED (Month, Day, Year): November 3, 2009

CERTIFIER

38. [X] SIGNATURE AND TITLE OF PERSON PRONOUNCING DEATH: Wendy Kinston DO

39. LICENSE NUMBER: 11758

40. DATE SIGNED (Month, Day, Year): November 2, 2009

41. [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER

42. LICENSE NUMBER

43. DATE SIGNED (Month, Day, Year)

44. NAME AND ADDRESS OF CERTIFIER (If other than above) (Type/Print): Wendy Kinston DO, 500 Hospital Dr. 2nd Floor, Madison, TN 37115

CAUSE OF DEATH

45. PART I. Enter the chain of events, diseases, injuries, or complications that caused the death. Do not enter terminal events such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on a line.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Aspiration Pneumonia

DUE TO (OR AS A CONSEQUENCE OF): b. Parkinsons Disease

DUE TO (OR AS A CONSEQUENCE OF): c.

DUE TO (OR AS A CONSEQUENCE OF): d.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

46. WAS AN AUTOPSY PERFORMED? [ ] Yes [X] No

47. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? [ ] Yes [ ] No

48. MANNER OF DEATH: [X] Natural [ ] Pending Investigation [ ] Accident [ ] Suicide [ ] Could not be Determined [ ] Homicide

49. DATE OF INJURY (Month, Day, Year)

50. TIME OF INJURY

51. INJURY AT WORK? [ ] Yes [ ] No

52. DESCRIBE HOW INJURY OCCURRED

53. PLACE OF INJURY (e.g., Decedent's home, farm, street, factory, office building, etc. (Specify))

54. LOCATION (Street and Number or Rural Route Number, City or Town, State)

PH-1028 (REV. 6/95)

RDA 1398

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

3579107

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Sharon M. Leinbach
STATE REGISTRAR

Tonya Y. Boardman
Tonya Y. Boardman, Local Registrar
Davidson County, Tennessee

NOV 03 2009
Date Issued